#### MAINE COMMUNITY FOUNDATION

#### RONALD P. GUERRETTE FFA SCHOLARSHIP FUND APPLICATION

The Ronald P. Guerrette FFA Scholarship Fund was created in the spring of 1998 by friends and family to honor the life and work of Ronald P. Guerrette of Caribou. The fund will provide one \$1,000 scholarship per year. Eligible applicants are graduating seniors at Maine high schools who are FFA members and have a demonstrated interest and motivation to pursue a career in farming and agriculture/natural resources. *All applications and required information sent separately must be postmarked by March 1. Incomplete applications or those postmarked after this date will not be processed.* 

Student's Name:	_		
			es:
Home Mailing Address:		Но	ome Phone:
Phone:	Cell:	E-mail:	
Town/Zip	Res	sident of this town since	ce:
Date of Birth:/	/	_ Male ( ) Female (	( )
Name & Phone of High Sch	100l:		
Year of Graduation from H	igh School:	<u> </u>	
Grade point average (most	recent):	Student rai	nks in a class of
Most recent SAT scores (op	otional): Math:	Verbal:	
College or vocational school	ol for which aid is re	quested:	
Phone and address of colleg	ge or vocational scho	ool:	
Upcoming Year in School (	circle one): College	e Undergraduate: 1 2	3 4
Intended Major / Field of S	tudy:		
Intended Career Area:			
			nre / Natural Resources:
School Activities (attach ad Number of years		essary) ctivity	Special honors, offices
		- · · · <b>,</b>	

	ics		
Summer or Part-tin	ne Employment:		
Position		Period of Employment	Hours per week
		,	-
		to	
		to	
for a scholarship. ( I certify that I am a	Attach a separate sheet).  high school graduate and	d that all information on this form is tru	ne and complete to the best
including a copy of authorize the colleg	my parents' and/or my pe or vocational school I	be asked to provide proof of information prior year's U.S. Income Tax return. In will attend in the school year vocational school and other sources to	addition, I hereby ar to release information on
Signature of Parent	/Guardian:	Date	
C	eant:	Date	
Signature of Applic		BateDate	

All applications and required information sent separately must be  $\underline{\text{postmarked}}$  by March 1 and sent to:

State FFA Advisor Department of Education 23 State House Station Augusta, ME 04333-0023

If you have any questions as you complete this form, please call MaineCF at 877-700-6800

	Family Fina	ncial Information Form	
<b>FAMILY CIRCUMSTANCI</b> Are you classified by the U.S. If you are, please complete thi	Department of Education	as "independent"? YES NO ily and financial information.	
		nool year. Include yourself even if you do n half of their support from your parents.	
Total number in family attendi	ing college at least half-tin	ne during the next school year.	
Parent's marital status:	Single Separated*	Divorced* Widowed	Married
		ncial information of the parent primarily restation of the parent the student currently lives	
Print name of Parent or Guard	ian submitting information	Social Security Nu	ımber
		Income  ation for the previous calendar year.)	
		31, 1040A line 16, or 1040EZ line 4)	\$
Student's adjusted gross if file a tax form, write how much m		me tax lines referenced above. If you didn't recent year.)	\$
		port, welfare benefits, workers compensation,	\$
	Payments to IRA, Keogh, 40	1K or other tax deferred plans. Include foreign	\$
TOTAL FAMILY INCOME			\$
A	- <b>A</b>	T '-1.'!'4'	
Ass	\$ \$	Liabilities  Credit card balances	\$
Cash in bank	·		
Savings accounts	\$	Other consumer loans	\$
Investment accounts	\$	Loans on investments	\$
Market value of home	\$	Mortgage on home	\$
Other real estate	\$	Mortgages on other	\$
Value of autos (show make &	year)		
	\$	Outstanding loan	\$
	\$	Outstanding loan	\$
	\$	Outstanding loan	\$

Other debts (list)

TOTAL LIABILITIES

\$

\$

\$

\$

 $\begin{tabular}{ll} \textbf{NET WORTH} & \textbf{(Total Assets minus Total Liabilities)} \end{tabular}$ 

\$

\$

\$

Other assets (list)

TOTAL ASSETS

# **College Financial Information Form**

College Budget	
Estimated total expenses for the coming year. Please refer to the cost of attendance budget at your This information is available in college publications or from the financial aid office.	first choice college.
Tuition and Fees	\$
Room and Board	\$
Books and Materials	\$
Transportation	\$
Personal and other Expenses	\$
TOTAL EXPENSES	\$

Funds for College Expenses	
Total income available for the coming year. Please list as many items as you can estimate at this ti received a financial aid notice from your first choice college, refer to that and attach it to this applies	
Student's income from non-college employment to be contributed	\$
Student's savings to be contributed	\$
Income from college employment (work study) to be contributed	\$
G.I. or Social Security benefits	\$
Family contribution (estimated)	\$
Scholarships from college, high school, community, etc.	\$
Loans	\$
Gifts	\$
Other income	\$
TOTAL INCOME	\$

### COMMENTS:

Explain any unusual circumstances that might affect your financial need. Use a separate sheet if necessary.

## FINANCIAL INFORMATION RELEASE FORM

# \* \* PLEASE FILL OUT AND MAIL THIS FORM TO YOUR \* \* COLLEGE OR UNIVERSITY FINANCIAL AID OFFICE, NOT TO MAINE COMMUNITY FOUNDATION

**ATTENTION: Financial Aid Officer** 

The student named below is applying to the Maine Community Foundation for a scholarship and requires your assistance in providing need-based information. Please keep this signed statement in the student's file for reference if you receive an inquiry from our Scholarship Coordinator regarding the student's financial aid award.

#### TO THE SCHOLARSHIP APPLICANT:

I authorize release of financial aid award information t	to:
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**Maine Community Foundation Scholarship Coordinator** 

245 Main Street

Ellsworth, ME 04605-1613

Tel: 207-667-9735 or toll free 877-700-6800

Fax: 207-667-0447

E-mail: efickett2@mainecf.org Web: www.mainecf.org

College/University	
Name of Student:	
Address:	
Phone:	
Student's Signature:	
Date:	

**REMINDER: DO NOT** mail this form to Maine Community Foundation